04611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) C. (Last) Elliott

4. DATE OF DEATH (Month) May (Day) 27, (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Sept 18, 1881
9. AGE last birthday 67 yrs. If under 1 year Months 8 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Solomons, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Elliott
14. MOTHER'S MAIDEN NAME Annie Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-05-8403
17. INFORMANT Ruth Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerotic heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1947, to 5/27, 1949, that I last saw the deceased ~~alive~~ dead on arrival, 1949, and that death occurred at 8 45 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Huntingtown DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 30, 1949
NAME OF CEMETERY OR CREMATORY Catholic Cemetery
LOCATION (City, town, or county) Solomons, (State) Md

DATE REC'D BY LOCAL REG. May 28 '49
REGISTRAR'S SIGNATURE Dr. E. S. Coster
24. FUNERAL DIRECTOR A. A. Hackman & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JUN 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~Birth and~~ Death

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 51

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub) 1612

1. PLACE OF BIRTH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Calvert County Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child

4. Date of birth May 20 1949 Hour 9:00 P. M.

5. Sex Female | 6. Twin or triplet

7. No. of weeks pregnancy

FATHER OF CHILD

8. Full name McKinley MacKall

9. Color Negro 10. Age at time of this birth 26 yrs.

11. Usual occupation Farmer

MOTHER OF CHILD

12. Full maiden name Elsie Smith

13. Color Negro 14. Age at time of this birth 27 yrs.

15. Usual occupation Housework

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of

19. Labor: (a) Complications of

(b) Induced?

20. (a) Was there an operation for delivery? no
(Yes or No)

(b) State all operations, if any

(c) Did child die before operation? no

During operation?

21. Cause of ~~stillbirth~~ Death. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Collapsed lung

(b) ~~Maternal causes~~ Prematurity (?)

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature E. W. Howard
(Specify if M. D., midwife, or other)

Address St. Leonard, Md.

23. (a) Burial (b) Date thereof 5-21-49
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Patuxent

24. (a) Funeral director P. E. Sewell

(b) Address Prince Frederick, Md.

25. (a) 5-21-49 (b) H. W. Ward
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

V. S. A10

* See Instruction C on stub.

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JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04613

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Dunkirk, Md.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) E. (Last) Mitchell

4. DATE OF DEATH (Month) 5 (Day) 6, (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4-18, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter Mitchell
14. MOTHER'S MAIDEN NAME Nancy Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Agnes Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1949, to May 6, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 12 45 P.m., from the causes and on the date stated above.

SIGNATURE H. N. Ward (Degree or title) Oconys ADDRESS Md DATE SIGNED 5/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-9-49
NAME OF CEMETERY OR CREMATORY Peters
LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REG. 5-9-49
REGISTRAR'S SIGNATURE H. N. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

04614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY CALVERT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH BEACH
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3rd & CHESAPEAKE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) BENJAMIN (Middle) HORACE (Last) SMART
4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH DEC-3-69
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY M.D.
11. BIRTHPLACE (State or foreign country) NEW HAMPSHIRE
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME HORACE SMART
14. MOTHER'S MAIDEN NAME SARAH BLOODGOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT HAROLD J. TOUCHETTE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis

940 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1949, to 5/10, 1949, that I last saw the deceased alive on 5/10, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE R. Willarreal (Degree or title) M.D. ADDRESS St Leonard DATE SIGNED 5/10/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 5-11-49 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. LOCATION (City, town, or county) Suitland, Pr. Geo. (State) Md.

DATE REC'D BY LOCAL REG. 5/11/49 REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. R.

FILM No. G 120 MAY 25 1949 Evidence for additional evidence # 1,8 & 9. 04615

Evidence for additional info. in #2,7,11,13,14,15,17/see:

FILM No. G 120 MAY 20 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNKIRK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Christiansburg
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cleatus (Middle) Elmo (Last) Sisson
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ABT. 1922
9. AGE last birthday ABT. 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mont. Co. Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Marshall A. Sisson
14. MOTHER'S MAIDEN NAME Roxie Mannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT Marshall A. Sisson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.5 Immediate cause (a) Fractured skull

1700 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Dunkirk (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 5 (Day) 8 (Year) 49 (Hour) 1:30 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H Howard (Degree or title) ADDRESS Owings Md DATE SIGNED 5/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 8, 1949
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR W. H. Hutchins ADDRESS Owings, Md

Removed to Richardson's Funeral Home - Christenberg, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 14 1949
BUREAU V. S.

04616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH· COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Thomas (Last)				4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 1949	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH ABT. X 1898	9. AGE last birthday 51 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) md	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Thomas			14. MOTHER'S MAIDEN NAME Mary J. Eagens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT John Taylor Adelina md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. de Villarreal — ADDRESS St Leonard — DATE SIGNED 5/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5-30-44	NAME OF CEMETERY OR CREMATORY Carrolls	LOCATION (City, town, or county) (State) Barstow, Calvert, md
DATE REC'D BY LOCAL REG. 5-27-49	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR P. E. Sewell. Prince Frederick.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.